



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
APPLICATION FOR RETIREMENT BENEFIT

PLEASE PRINT

COMPLETE AND SEND TO:
ASRS
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
Fax (602) 240-2096
www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings.

SECTION 1 – Member Information

Social Security Number		Member Name (Last)		(First)	(Middle Initial)
Current Mailing Address				Daytime Telephone Number ()	
City	State	ZIP		Date of Birth (MM/DD/YYYY)	
Personal Email Address				Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	

SECTION 2 – Retirement Date

Retirement Date: _____ (MM/DD/YYYY)

Note:

- The retirement date must be at least one day **after** your termination date and may not be prior to the date your application is received by the ASRS. Your termination date will be verified upon receipt of the *Ending Payroll Verification* form.
- Your pension will be suspended** if you return to work for an ASRS employer and work 20 or more hours a week for 20 or more weeks in a fiscal year, or if you accept a 20 or more hour/week position.
Exceptions:
Normal Retiree: You wait 365 days from your termination date to accept a 20 or more hour/week position.
Early Retiree: You achieve normal retirement and wait 365 days from your termination date to accept a 20 or more hour/week position.

SECTION 3 – Election of Retirement Options (Choose only one.)

Married members of the ASRS are required to elect one of the following retirement options with your current spouse as primary beneficiary:

- Joint & Survivor – 100%
- Joint & Survivor – 66 2/3%
- Joint & Survivor – 50%

Married members who choose a Joint and Survivor option with a non-spouse beneficiary, or choose any other retirement option are required to complete and have notarized Section 5.

- | | |
|---|--|
| <input type="checkbox"/> Straight Life Annuity | <input type="checkbox"/> Joint and Survivor – 100%* |
| <input type="checkbox"/> Life Annuity – 5-Year Certain | <input type="checkbox"/> Joint and Survivor – 66 2/3%* |
| <input type="checkbox"/> Life Annuity – 10-Year Certain | <input type="checkbox"/> Joint and Survivor – 50%* |
| <input type="checkbox"/> Life Annuity – 15-Year Certain | |

* For **Joint and Survivor**, proof of beneficiary's birth date is required (unless the beneficiary is a member of the ASRS).

* Write both the member's and beneficiary's name and SSN on the document you are submitting.



ARIZONA STATE RETIREMENT SYSTEM (ASRS)**APPLICATION FOR RETIREMENT BENEFIT CONTINUED****SECTION 4 – Beneficiary Information**Total percent for **Primary** beneficiary(ies) listed must equal 100%. Total percent for **Secondary** beneficiary(ies) listed must equal 100%.☒ **Primary** (A primary beneficiary is required.)**Percent of Benefit:** _____ %☐ SSN or ☐ TINBeneficiary Name: ☐ Person (Last, First, Middle) ☐ Estate ☐ Organization ☐ Trust

Birth Date (MM/DD/YYYY)

Gender (Check One)

☐ Male ☐ Female

Legal Relationship (Check One)

☐ Spouse ☐ Child ☐ Other

Telephone Number

()

Mailing Address

City

State

ZIP

☐ **Optional Health Insurance Premium Benefit Program** - Allows new retirees the option of providing a continuation of their Health Insurance Premium Benefit to their Primary beneficiary upon their death in exchange for a permanent reduction in their premium benefit. *(This option is not available with the Straight Life Annuity option.)*

☐ **Primary** ☐ **Secondary****Percent of Benefit:** _____ %☐ SSN or ☐ TINBeneficiary Name: ☐ Person (Last, First, Middle) ☐ Estate ☐ Organization ☐ Trust

Birth Date (MM/DD/YYYY)

Gender (Check One)

☐ Male ☐ Female

Legal Relationship (Check One)

☐ Spouse ☐ Child ☐ Other

Telephone Number

()

Mailing Address

City

State

ZIP

☐ **Primary** ☐ **Secondary****Percent of Benefit:** _____ %☐ SSN or ☐ TINBeneficiary Name: ☐ Person (Last, First, Middle) ☐ Estate ☐ Organization ☐ Trust

Birth Date (MM/DD/YYYY)

Gender (Check One)

☐ Male ☐ Female

Legal Relationship (Check One)

☐ Spouse ☐ Child ☐ Other

Telephone Number

()

Mailing Address

City

State

ZIP

SECTION 5 – Spousal Consent Waiver and Notarization

Skip this Section if you are single **OR** if you are married and elected a Joint and Survivor option with your current spouse as beneficiary. However, if you are married and choose a Joint and Survivor option with a non-spouse beneficiary, or choose any other retirement option, your current spouse must complete and notarize this section.

☐ I consent to my spouse making a beneficiary designation that provides me with less than 50% of my spouse's account balance. (See Section 4.)

☐ I consent to my spouse electing a retirement option other than a Joint and Survivor annuity. (See Section 3.)

Spouse Name (print)

Social Security Number

Spouse Signature

Date

State of)

County of)

On this _____ day of _____, 20____, before me personally appeared _____
(name of signer)

whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above *Spousal Consent Waiver*.

(seal)

Notary Public _____

ARIZONA STATE RETIREMENT SYSTEM (ASRS)**APPLICATION FOR RETIREMENT BENEFIT CONTINUED****SECTION 6 – PARTIAL LUMP SUM (PLS) DISTRIBUTION (Choose only one option; if not choosing, leave page blank.)**

PLS Increments # _____ (1 to 36 months) *May take up to 90 days for processing.*

** Example: (6 PLS increments) x (\$500 monthly Straight Life Annuity) = \$3,000 PLS ONE-TIME distribution.*

** This election results in a reduced annuity for life.*

Once the number of PLS increments is chosen and your retirement date has passed, you cannot change your PLS election.

☐ **Option #1 – PLS Direct To Member**

Note: With this election, the ASRS is required to withhold 20% of the taxable amount for Federal Income Tax withholding and 5% of the gross amount for Arizona state tax (regardless of state of current residence).

☐ **Option #2 – PLS Rollover**

TYPE of Account (Select one)

☐ Traditional IRA ☐ Roth IRA ☐ Eligible Plan

PAYMENT to Rollover (Select one)

☐ All PLS Rollover

☐ Partial Rollover \$ _____

Remaining PLS will be sent directly to you with applicable taxes withheld.

Name of Institution

Institution Address

Account Number

Only available for service purchase invoices that were initiated prior to January 6, 2013.

☐ **Option #3 – PLS Service Purchase Rollover**

Your pension may be delayed by selecting this option.

PDA # _____ \$ _____ -OR- _____ Years -OR- ☐ All Eligible Service

PDA # _____ \$ _____ -OR- _____ Years -OR- ☐ All Eligible Service

PDA # _____ \$ _____ -OR- _____ Years -OR- ☐ All Eligible Service

Other Payments: Please indicate if you have additional payments to be applied. These payments will be applied before the ASRS PLS payment.

☐ Lump Sum (after-tax) Payment ☐ Rollover(s) _____ ☐ Termination Pay
(Number of incoming Rollovers)

Other Elections:

☐ Increase the number of PLS increments I selected if my chosen increments are not sufficient to pay for all eligible service.

☐ Cancel my PLS election if I have no eligible service to purchase.

Note:

- Remaining PLS will be sent directly to you with applicable taxes withheld.
- The PDA(s) will be verified for PLS rollover eligibility.

ARIZONA STATE RETIREMENT SYSTEM (ASRS)

APPLICATION FOR RETIREMENT BENEFIT CONTINUED

SECTION 7 – Direct Deposit (Complete this section OR attach a voided check.)

If you do not elect direct deposit, your monthly pension will be issued on a reloadable ASRS benefit card.

Deposit directly into my (check only one) ☐ Checking Account ☐ Savings Account

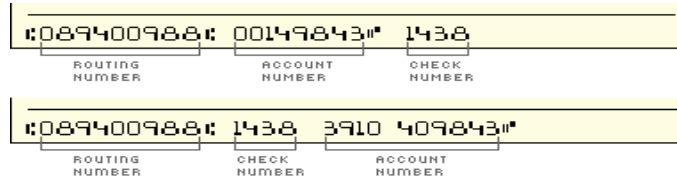
Banking Institution _____

Routing # _____ Account # _____

The routing number is always 9 digits for a U.S. check.

Your monthly pay summary will be available online at

www.azasrs.gov



SECTION 8 – Lump Sum Retirement Notification of Monthly Benefit Less Than, or Equal to \$100

If your **final annuity benefit is \$100 or less per month**, the ASRS will disburse a one-time lump sum benefit in lieu of a monthly annuity. The lump-sum benefit will be paid directly to you with applicable taxes withheld. If you prefer a rollover of the lump-sum amount, please complete Section 6; Option 2.

SECTION 9 – Ending Payroll Verification

An *Ending Payroll Verification* form will be electronically requested from EACH employer for which you worked within the last three years and is due within two weeks after your retirement date, or receipt of your pension may be delayed.

Important: It is your responsibility to ensure your employer(s) completes and submits the form to the ASRS.

SECTION 10 – Members Retiring From Long Term Disability Acknowledgments

- I acknowledge I am aware of my Long Term Disability (LTD) stop-payment date, and any disability benefits I am receiving will cease upon the effective date of retirement on this form.
- I understand if an LTD overpayment exists, all payment plans previously set up with the LTD carrier will cease. The ASRS will collect the remaining overpayment in the following order: (1) from my first pension benefit (including retroactive and Partial Lump Sum benefits), (2) by deducting 10% of my monthly benefit for up to 36 months, or (3) via an actuarial reduction of my lifetime benefit.

SECTION 11 – Acknowledgments and Signatures

- If I am resubmitting my application and have changed my retirement date, benefit option, or the Partial Lump Sum (PLS) increments is missing or is changed, I understand my benefit will be payable from the date of receipt of the properly completed application.
- I have received the **Special Tax Notice Regarding Plan Payments**.
- I have received the **Working After Retirement Guidelines** and will comply with the rules governing Return to Work.
- I authorize the ASRS and the Banking Institution listed above to debit my account for the purposes of correcting errors and returning any payments inadvertently made after my death.
- I understand that under certain circumstances, I have a one-time option of rescinding the Joint and Survivor or Life Annuity – Period Certain option and changing to the Straight Life Annuity option.
- I understand that any person who knowingly makes any false statement with intent to defraud the ASRS is guilty of a Class 6 felony in accordance with Arizona Revised Statutes § 38-793.
- I acknowledge that I have complied with Arizona Revised Statutes §§ 38-755 and 38-766 regarding spousal consent.

Note: A spouse may revoke their consent if done so in writing and received by the ASRS one day prior to: (1) the member's date of death, or (2) any ASRS benefits disbursement, whichever occurs first.

Social Security Number

Signature of Member

Date